MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552554 APPLICANT(S)

FILING DATE

CLAIMS

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TOTAL CLAIMS						
			TMENT of CO	C. AMAZISTORAN	<u></u>	# 7750W (22)

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PTO - 1360 (REV. 11/04)